

# Stigma in the Military: Strategies to Reduce Mental Health Stigma Among Veterans and Active Duty Personnel

March 30, 2006



#### Survey

We value your suggestions. Within 24 hours of this teleconference, you will receive an e-mail request to participate in a short, anonymous, online survey about today's training material. Survey results will be used to determine what resources and topic areas need to be addressed by future training events. The survey will take approximately 5 minutes to complete.

Survey participation requests will be sent to all registered event participants who provided e-mail addresses at the time of their registration. Each request message will contain a web link to our survey tool. Please call **1-800-540-0320** if you have any difficulties filling out the survey online. Thank you for your feedback and cooperation.

Written comments may be sent to the SAMHSA ADS Center via e-mail at stopstigma@samhsa.hhs.gov.



#### **Contact Us**

#### **SAMHSA ADS Center**

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*Toll free*: **1-800-540-0320** 

Fax: 240-747-5470

Web: www.stopstigma.samhsa.gov E-mail: stopstigma@samhsa.hhs.gov

The Moderator for this call is Michelle Hicks.





#### **Questions?**

At the end of the speaker presentations, you will be able to ask questions. You may submit your question by pressing '01' on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it was received. On hearing the conference operator announce your name, you may proceed with your question.



#### Susan McCutcheon, RN, Ed.D.

Dr. McCutcheon is the Program Manager for Special Projects in the Office of Mental Health Services at the Veterans Health Administration (VHA) in Washington, D.C. She began her career with the Veterans Health Administration (VHA) in 1982 and has held various administrative and clinical positions during that time. Most of her VHA career has been in the field of mental health with a major emphasis on the people with serious mental illnesses. She has received graduate degrees in Psychiatric / Mental Health Nursing, Industrial / Organizational Psychology and Educational Administration. In 2001, she was selected as a Robert Wood Johnson Executive Nurse Fellow. Her awards include the Cleveland Federal Executive Employee Recognition Award (1997) by the Cleveland Federal Executive Board and the Mental Health Professional of the Year by the National Alliance on Mental Illness (NAMI) - Metro Cleveland (1998).



#### Lt. Col. Rick L. Campise, Ph.D., ABPP, BSC, US Air Force

Lt. Col. Campise currently serves as Chief, Air Force Deployment Behavioral Health and Chief, Air Force Substance Abuse Prevention. He is revising the Air Force's mental health deployment teams, restructuring its combat stress management program, and enhancing its treatment of deployment issues throughout the deployment cycle. He also chairs the Air Force Deployment Behavioral Health Working Group which oversees 19 deployment subcommittees. He served as the Chief, Air Force Suicide Prevention Program (AFSPP) from 2001-2005. Lt. Col. Campise was selected as a co-winner of the 2004 American Association of Suicidologists Presidential Citation for Outstanding Contributions in Suicide Prevention, was an Air Force finalist for the 1999 Joint Chiefs of Staff Award for Excellence in Military Medicine, and received the 1997 American Psychological Association Division 19 Mid-Career Military Psychologist of the Year Award.



#### Maj. Steven E. Phlanz, US Air Force, MC, FS

Maj. Pflanz is the Senior Psychiatry Policy Analyst for the Air Force Medical Operations Agency. He is a board certified psychiatrist who served as the psychiatric consultant to the Wyoming Suicide Prevention Task Force from 2001-2003 and a NASA consultant during 2003 astronaut selection cycle. Dr. Pflanz is Chief of the Air Force Suicide Prevention Program, Vice President of the Academy of Organizational and Occupational Psychiatry, Chairman of the American Psychiatric Association's Committee on Psychiatry and the Workplace, and a member of the Suicide Prevention Action Network USA's national board of directors.



#### Moe Armstrong, M.B.A., M.A.

Mr. Armstrong is Director of Consumer and Family Affairs at the Vinfen Corporation, a mental health services provider in Cambridge, Massachusetts. In addition to being a veteran and self-identified consumer of mental health services, he has served as past Chair of the Veterans' Subcommittee for the NAMI (National Alliance on Mental Illness) National Board. He also co-founded (with his wife, Naomi) the Peer Educators Project, a program that relies on people with mental illnesses and their families to teach others how to live with mental illnesses. In addition to the Peer Educators Project, Mr. Armstrong has used his experience as a veteran and his background in peer support to reach out to other veterans through the Vet to Vet initiative. Vet to Vet is a support program principally focused on the unique experiences of veterans and is designed to help them learn how to live with the effects of mental illnesses from other vets who have 'walked in their shoes.'

## Strategies to Reduce Mental Health Stigma Among Veterans

Susan J. McCutcheon, RN, EdD Office of Mental Health Services Department of Veterans Affairs

#### Goals:

- Increase awareness of mental illness and effective treatments
- Reduce stigma attached to mental illness
- Foster a culture of optimism and hope that promotes good mental health

### **Major Target Audience:**

- Veterans
- OEF / OIF Veterans
- Families of Veterans
- VA Employees

## Campaign Themes:

- Mental health is a critical part of overall health
- Mental illness is remarkably common
- Stigma based in fear and ignorance should be challenged
- Effective treatment is available, and recovery occurs with increasing frequency

## Core Message: Our heroes need our help

Veterans who have served our country are heroes, but many of our heroes live with the invisible wounds of mental illness. In fact, mental illness affects someone in almost every family in the United States, veteran or not. Many do not admit to their suffering out of fear of rejection or shame. Fortunately, mental illness, like any other medical condition, can be treated and those who suffer from it can live healthy and meaningful lives.

#### **Core Message:**

Mental health is essential for overall health. The VA is committed to promoting a health care system that delivers every veteran the hope of recovery. Both veterans and family members will play a significant role as we transform mental health care in the VA. In a transformed health care system there is no place for stigma against people with mental illness. We invite you to join the VA National Mental Health Awareness Campaign as we reach out to our heroes with support and respect as they continue their journey towards recovery.

### Strategies:

Two-pronged approach – National vs. Local Level

- Messaging
- Education
- Contact

#### Headquarters U. S. Air Force

Integrity - Service - Excellence

# Strategies to Reduce Mental Health Stigma in the Air Force



30 March 2006

Lt Col Rick L. Campise, Ph.D., ABPP
Maj Steve Pflanz, M.D.
Lt Col Andy Rowan, Ph.D., ABPP



#### **Overview**

- Air Force Suicide Prevention Program (AFSPP)
- Leadership and command initiatives
- Research
- Community education initiatives



## 1996/1997 A New World: AFSPP

- Working group
- Conclusions
  - No magic solution
  - Community responsibility

#### AFSPP 11 initiatives

- Leadership involvement
- Prevention services
- Education
- Integrated Delivery System (IDS) & Community Action Information Board (CAIB)



## Leadership Initiatives

- Leadership messages
- Leader's guide



## Leadership Messages

- Secretary of the Air Force
- Chief of Staff of the Air Force
- Vice-Chief of Staff of the Air Force
- Assistant Vice-Chief of Staff of the Air Force
- Chief Master Sergeant of the Air Force
- Surgeon General of the Air Force
- MAJCOM Commander
- Wing Commander
- Group Commander
- Squadron Commander
- First Sergeant

- Home
- AF/CVA Memo
- Main Index
- Settings & Layout
- Using The Guide
- \* Executive Summary
- Community Resources
- Leadership In Action
- \* Glossary
- \* Key Word Index
- Acknowledgements

## leader's Guide For Managing Personnel in Distress



Welcome to the United States Air Force Leader's Guide for Managing Personnel in Distress

> This guide is UNCLASSIFIED and For Official Use Only (FOUO).



#### Leader's Guide Overview

- Designed to help leaders
  - Recognize and respond to distress
- 35 areas of distress
  - Overview
  - Relevant policy
  - Suggested resources
  - References
- Checklist
  - Scenarios
  - Behaviors/signs
  - General support actions



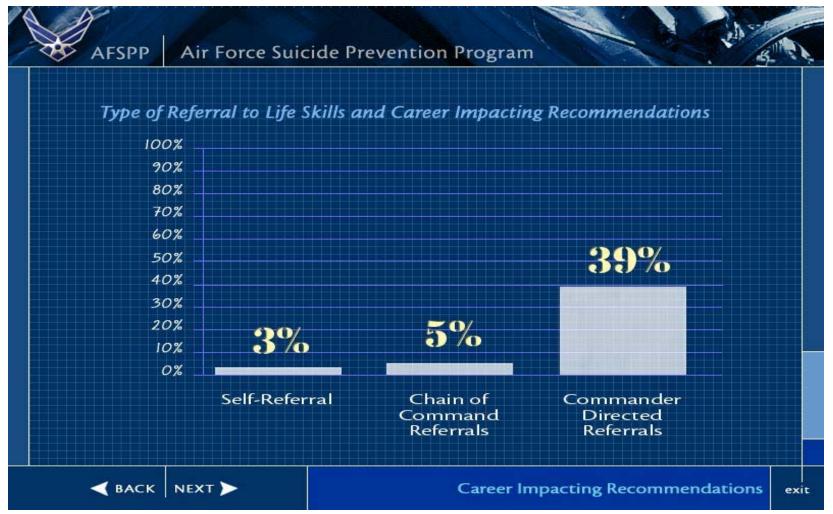
#### Research

#### A Multi-Site Study of Air Force Outpatient Behavioral Health Treatment Seeking Patterns and Career Impacts

Rowan, A. B. & Campise, R. L. (2006, in press). Military Medicine.



## Research: Career Impact





## Research: Confidentiality





- Wingman day
- Public service announcements
- Community suicide prevention briefing
- Leadership suicide prevention briefing



## Wingman Day

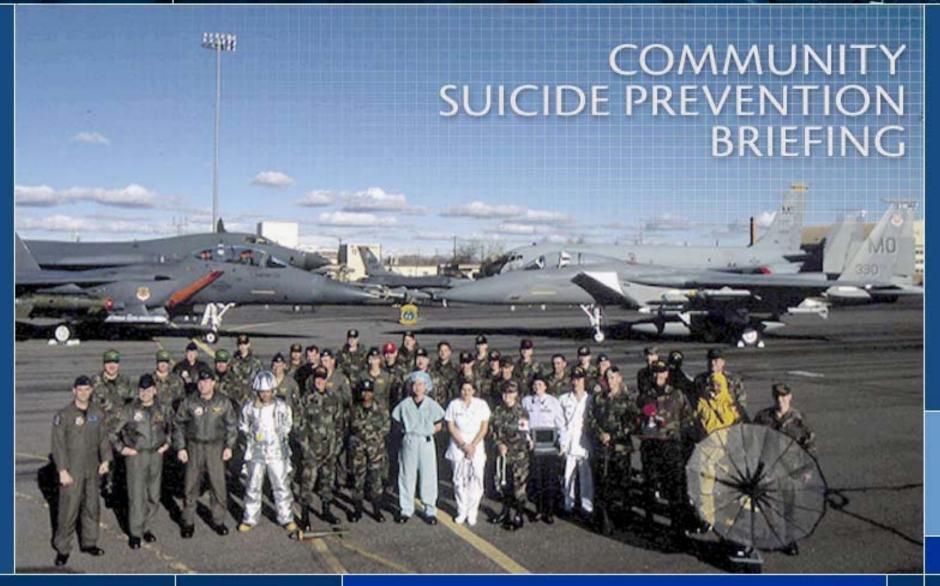
- Air Force shuts down for a day
- Focuses upon
  - Being a Wingman
  - Community responsibility
  - Recognizing distress
  - Responding
  - Knowing how and where to refer



## **Public Service Announcements**

- Four 90 second "commercials"
- Purpose
  - Recognize signs of distress in yourself and others
  - Engage those in distress
  - Help others seek assistance
- Scenarios









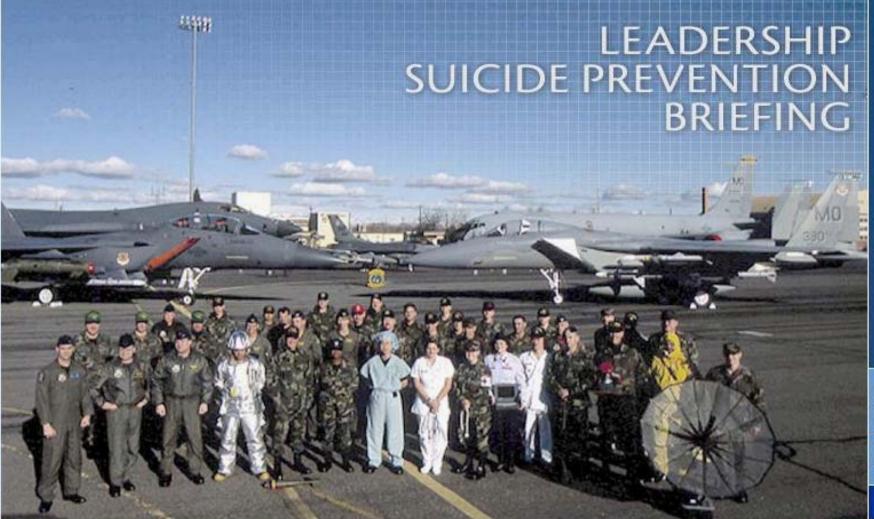


## 2005/2006 Community Suicide Prevention Briefing

- Community responsibility
- Suicide demographics
- Risk and protective factors
- Sources and types of help
- Helpful and unhelpful approaches
- Intervening when immediate action is needed
- Barriers to seeking help



#### Air Force Suicide Prevention Program



OVEKVIEW

NEXT >

INTRODUCTION

exit



## 2005/2006 Leadership Suicide Prevention Briefing

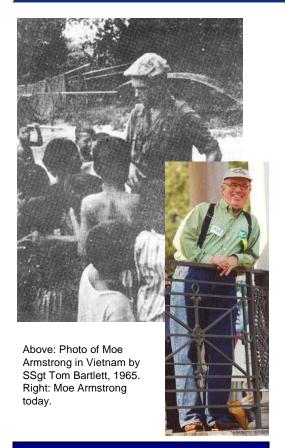
- Community responsibility
- Suicide demographics
- Risk and protective factors
- Sources and types of help
- Helpful and unhelpful approaches
- Intervening when immediate action is needed
- Barriers to seeking help
- AF policy and guidance



## Vet-to-Vet: Peer to Peer Support for Veterans by Veterans

Presented by Moe Armstrong, M.B.A., M.A.

March 30, 2006



#### Moe Armstrong's story—

Moe has lived with mental illness for thirty five years. He struggles with it every day of his life. After developing schizophrenia in 1965 during his tour of duty in Vietnam as a Marine Corp medic, Moe has written that he started "learning, stabilizing and beginning the recovery process from [his] psychiatric condition." In 1984, he went back to college and earned two masters degrees. Moe's dream was to work in the mental health system and create opportunities for other people with mental illnesses. He is one of the first people with schizophrenia to work as mental health professional.

Today, Moe Armstrong works for Vinfen, Corporation of Cambridge, Massachusetts, where he is the Director of Consumer and Family Affairs. He co-founded the Peer Educators Project. The Peer Educators Project believes that people with mental illnesses and their families are an educational resource for learning about how to live with mental illnesses. In addition to winning numerous awards, Moe has been a requested speaker across the country and has led many workshops at different mental health conferences. Moe has appeared on *ABC Nightline with Ted Koppel* in a special episode based on his present work with the Peer Educators Project. He also has appeared on Larry King Live and the CBS Evening News With Dan Rather to talk about mental health.



### What is Peer Support?

How does the stigma associated with mental illness negatively impact peer support plans?

How does peer support reduce stigma?



#### Stigma and Veterans

How do veterans experience stigma?

How can a peer support program help veterans?

Are there any special considerations to be made when seeking peer support for/from veterans?



## What is Vet-to-Vet?

### What is a consumer-provider partnership?

 Consumer-provider partnership vs. full independence from professional services

### Who can join Vet-to-Vet?

- Criteria for participants
- Criteria for facilitators

http://www.veteranrecovery.org/announce/moe0228/Seven%20Criteria%20for%20Vet%20 to%20Vet%20groups.pdf

### What would you see if you walked into a Vet-to-Vet meeting?

Vet-to-Vet Core Components
 http://www.veteranrecovery.org/announce/Vet-to-Vet%20Core%20Components.pdf





# Where are meetings held?

What do you have to consider when holding meetings inside the mental health system?

- Supplementing professional services
- Introducing life experience and structured study
- Fostering belonging and demystifying the mental health system

# What do you have to consider when holding meetings outside the mental health system?

- Meeting a need for personal comfort
- Maintaining educational support
  - Using material validated by the mental health establishment
  - Maintaining a distinction between support meeting and group therapy
- Obtaining outside subsidies to address barriers to participation



## **Vet-to-Vet Core Concept**

What is the Vet-to-Vet core concept and what does it mean?

All people who attend peer support meetings have something to teach and share as well as something to learn from.

If you could see the core concept in action, what would it look like?



# **Supporting Concepts**

Why are these supporting concepts important?

### **Mutuality / Mutual Support**

- Sharing rather than leading
- Encouraging and validating ongoing recovery for all

### Help / Help for the Helpers

- Empowerment by asking for help
- Avoiding burn out

#### Prevention

- Connecting with others
- Learning to take care of yourself

#### Intervention

Providing support during a crisis



## **Facilitators**

- 1) Who are the facilitators?
  - Qualities of a good facilitator
- 3) What roles do they play?

2) Why are they so important?

- 4) What are some of the challenges facilitators face?
  - Negative thinking
  - Changing roles



## **Group Work**

What does the group do under the guidance of a facilitator?

- Education
  - Study materials
  - Presenting / Discussion
  - Learning from peers

What are some of the considerations that go into creating the work of the group?

- Pace
- Choosing materials
- Life experience



## **Building the Group**

How do facilitators manage these 7 aspects of their jobs:

1) Connecting

5) Attentiveness

2) Presence

6) Forgiveness

3) Assistance

7) Acceptance

4) Asking questions



### Outreach

### Why is outreach so important to Vet-to-Vet?

- A good meeting turn out
- Spreading the word
- Teaching providers too

### How do you make contact with veterans?

- Go where the people are / Networking
- Public speaking
- Staying positive
- Establishing trust

How do you explain the reasons for going to a Vet-to-Vet meeting?



## **More Information**

For more information, contact:

#### Moe Armstrong, MBA, MA

Vet-to-Vet

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## **Questions?**

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## Conclusion

Thank you very much for participating in the SAMHSA ADS Center teleconference training, "Stigma in the Military: Strategies to Reduce Mental Health Stigma Among Veterans and Active Duty Personnel."

The Resource Center to Address Discrimination and Stigma (ADS Center) is a project of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.



## **Discussion Questions**

- 1. Based on today's training, what are the most significant challenges facing military and government agencies as they address stigma associated with mental illness?
- 2. What role(s) can individual civilians and/or communities play in support of veterans, active service members and governmental efforts?



## **Discussion Questions**

- 3. In addition to the programs discussed during the training, do you know of or can you suggest other approaches for reducing stigma among veterans and active military personnel?
  - How can technology play a role in these efforts?
- 4. How might peer support and education factor into the experiences of veterans returning from Iraq and Afghanistan?

Please feel free to use these questions as the basis for your own group discussion about the issues addressed during today's training.



### Resources

#### On the Internet:

The views expressed within these resources do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

Mental Illness Research, Education and Clinical Centers (MIRECC) — <a href="http://www.mirecc.med.va.gov/index.shtml">http://www.mirecc.med.va.gov/index.shtml</a>

Air Force Suicide Prevention Program (AFSPP) — <a href="http://afspp.afms.mil/">http://afspp.afms.mil/</a> (Click the <a href="Products">Products</a> link for a list of items, including Public Service Announcements, produced by AFSPP.)

Vet-to-Vet Peer Support Manual —

http://www.veteranrecovery.org/announce/Vet%20to%20Vet%20Peer%20Support%20Manual.pdf





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